## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

10766528

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY											
TOTAL CLAIMS			81			·		RATE	FEE	]	RATE	FEE										
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			( minus 20=		• 89			X\$ 9=		OR	X\$18=	1602										
INDEPENDENT CLAIMS			14 m	inus 3 =	• /	//		X43=		OR	X86=	946										
ML	JLTIPLE DEPEI	NDENT CLAIM P	RESENT					+145=		OR	+290=	290										
* If the difference in column 1 is less than zero, enter "0" in column 2							ı	TOTAL	<del>                                     </del>	OR	TOTAL	3608										
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER											
	· <u>·                                    </u>	(Column 1)		(Colun		(Column 3)	• •	SMALL	ENTITY	OR	SMALL	ENTITY										
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
٩ME	Independent	*	Minus ***			=		X43=		OR	X86=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=											
								TOTAL DDIT. FEE	<u> </u>	1	TOTAL											
(Column 1) (Column 2) (Column 3)									ļ		ADDIT. FEE											
		(Column 1) CLAIMS		HIGHE		(Column 3)	1 г		ADDI-	1 6		ADDI-										
IT B		REMAINING AFTER		NUMB PREVIO		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL										
4EN		AMENDMENT		PAID F	OR		<b>!</b> ├	<u> </u>	FEE		· ·	FEE										
<b>AMENDMENT</b>	Total	*	Minus	**	<u>.</u> -	=		X\$ 9=		OR	X\$18=											
AME	Independent	* NTATION OF MI	Minus	ENDENT	Ct AIM			X43=		OR	X86=											
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=											
								TOTAL DDIT. FEE		OR ,	TOTAL ADDIT, FEE											
		_ ^			, ,	<b>D</b> D C C .	•.															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	. :										
AME	Independent	*	Minus	***		= -		X43=		OR	X86=											
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	,	OR	+290=											
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											<u> </u>											
***	f the "Highest Nu	mber Previously Pa	id For IN THIS	S SPACE is	less that	n 3, enter "3."	~L	DOIT. FEE L		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												